

Aim: For the last 40 years, the Glasgow Coma Scale (GCS) has been an effective clinical tool for assessing the severity of neurological impairment and is a major component of the NICE guidelines for CT head scanning following traumatic head injury.

Methods: We conducted an audit reviewing the level of knowledge of the GCS amongst clinical staff who care for head injury patients.

Results: An initial questionnaire with 31 respondents found that knowledge of the GCS was poor and only 10% of doctors and nurses of all grades recorded the correct GCS when given an example scenario. Following intradepartmental teaching sessions a repeat questionnaire was circulated. 100% of nurses and doctors surveyed ($n = 31$) were able to correctly identify the components of the GCS and scores for each. Ability to correctly score a clinical scenario increased to 64% in Junior Nurses, 70% in Senior Nurses, 83% in Junior Doctors and 75% in Specialist Registrars.

Conclusion: Knowledge of the GCS amongst clinical staff was found to be poor. This was improved following the intervention of departmental teaching. This allows for better neurological monitoring and prognostication in head injury patients as well as more appropriate use of facilities such as CT scanning.

0293: THE PREVALENCE OF MULTIMORBIDITY IN AN OLDER ACUTE GENERAL SURGICAL POPULATION

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Aim: Multi-morbidity is defined as the presence of two or more chronic conditions and is a new and emerging concept in geriatric medicine with implications for patient outcomes. With increasing rates of surgical procedures in the elderly the prevalence of multi-morbidity in the acute general surgical population is currently unknown.

Methods: In four U.K. sites comprising rural and urban populations, we studied consecutive patients aged over 65 years that were admitted as an emergency to acute general surgical units. Patients with orthopaedic, urological, neurosurgical or vascular conditions were excluded. Patients were assessed for baseline demographic data and classified as having multi-morbidity if they had a past medical history of two or more pre-defined chronic conditions.

Results: A total of 267 patients were analysed [mean age 77 years (range 65–98); 140 (52.4%) women]. The majority [$n = 198$ (74.2%)] had multi-morbidity. Increasing age ($p < 0.001$) but not sex ($p = 0.61$) predicted multi-morbidity.

Conclusion: In a representative UK wide population, three quarters of people aged over 65 years admitted with an acute general surgical emergency had multi-morbidity. Follow-up data will determine the influence of multi-morbidity on short and long-term patient outcomes in this cohort.

0310: IS FASTER BETTER? OPERATIVE DURATION IN EMERGENT APPENDICECTOMY

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Aim: Emergent appendicectomy has been accepted generally as the most appropriate treatment. Till now, there has been no objective conclusion on the timing of appendicectomy. The objective of this study was to investigate the effect of operative duration of appendicectomy on outcomes such as complications and length of stay (LOS).

Methods: Retrospective study of 271 patients who had undergone appendicectomy in Year 2013 was conducted. Data includes time of presentation to Emergency Department, time of operation, length of stay & complications were collected. Pearson's 'r' coefficient was used to determine the effect of operative duration on LOS.

Results: 182 patients had at least one form of diagnostic imaging modality performed. Pre-operative laboratory investigations were conducted in most patients. 193 out of 261 patients (73.9%) had their surgery within 24

hours of presentation. 253 patients (93.3%) had undergone laparoscopic appendicectomy. The average operating time was 63.8 mins.

There was a linear correlation between the operative duration and the length of hospital stay. There was no significant difference in the incidence of complications of acute appendicitis.

Conclusion: The timing of appendicectomy was associated with increased length of stay. However, operative duration did not affect the incidence of complications of acute appendicitis.

0325: CAN ROUTINELY COLLECTED CLINICAL MARKERS FORECAST THE LIKELIHOOD OF NEXT-DAY DISCHARGE FROM HOSPITAL?

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Aim: Bed capacity is a finite resource under mounting pressure in the NHS. Few scoring systems are available to predict patient discharge from hospital. The purpose of this study is to identify routinely collected markers capable of predicting the likelihood of next-day discharge.

Methods: 169 general surgery emergency admissions were included in this prospective pilot study. The following variables were recorded for each patient: Early Warning Score (EWS); presence of a catheter or nasogastric (NG) tube, eating and drinking, "awaiting a scan" and "booked for theatre" status; use of antibiotics, morphine, intravenous fluids and oxygen (O_2). Bivariate analysis was used to identify the variables influencing length of stay (LOS).

Results: O_2 supplementation was the only predictor of a LOS greater than one day ($P < 0.001$) but the EWS ($P = 0.005$), O_2 ($P < 0.001$) and NG tube status ($P = 0.031$) influenced mean LOS. All other variables were not significantly associated with LOS.

Conclusion: This study demonstrates that the selected variables do not individually predict the likelihood of next-day discharge, although O_2 supplementation was consistently associated with a longer LOS. The advent of electronic observations may facilitate recording of patient information and may further determine the influence of routinely collected markers on LOS.

0372: DOES THE USE OF A STANDARDISED CLERKING PROFORMA FOR ACUTE GENERAL SURGERY ADMISSIONS IMPROVE THE QUALITY OF DOCUMENTATION: A PROSPECTIVE TWO-CYCLE AUDIT

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Aim: The surgical clerking is one of the most important documents in a patient's notes. The aim of this study was to assess the impact of the use of a surgical clerking proforma on the quality of documentation in the initial clerking.

Methods: Data were collected in two cycles on the completeness of clerkings according to 46 domains derived from RCS guidelines. A surgical clerking proforma was introduced to the department. Data were re-collected in cycle two and each domain was compared to cycle one, using Fisher's exact test, with $p < 0.05$ taken as significant.

Results: 43 patient notes were reviewed in the first cycle and 55 patients in the second cycle. The surgical proforma was used for 46 patients in the second cycle (83.6%). Significant improvements were observed for 36 domains (78.3%) including on-call consultant name, medical history, social history, physical examination, observations, blood results and management plan including nil by mouth status ($p < 0.05$ for all). No difference was observed for patient demographic information and clerking doctor details.

Conclusion: The use of a clerking proforma improved documentation rates for key domains, allowing accurate information to be recorded and appropriate clinical decisions to be made.

0442: POST EMERGENCY LAPAROTOMY PNEUMONIA: THE SIZE OF THE PROBLEM

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Aim: Outcomes for emergency laparotomy are poor compared to elective surgery and variable between centres. A significant proportion of mortality and morbidity is due to respiratory complications. This study